

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

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the specification	on of wh	nich:				GROU	510	
(check one)	[X] [ ]	is attached hereto. was filed on Application Serial No and was amended on	)	<u> </u>			AUG 10 PM 2: 54	
•		ave reviewed and under as amended by any ame				ied specif	ication,	
		ty to disclose informational ordance with Title 37, C						
I hereby claim foreign priority benefits under Title 35 USC 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:								
PRIOR FORE. Number	IGN AP	PLICATION(S)	DATE FILED	Day/Mo	<u>PRIORITY CI</u> [ ] [ ] ./Year		No	
below and, ins prior United S acknowledge Regulations, §	ofar as the duty 1.56(a)	nefit under Title 35, Uthe subject matter of ea plication in the manner to disclose material which occurred betwee iling date of this application.	ch of the claims r provided by th information as n the filing date	of this ap e first pa defined	oplication is no ragraph of Titl in Title 37,	t disclosed e 35 USC Code of	d in the 2 112, I Federal	
(App.	Ser. No.	) (Filing	g Date)	(Patente	ed/pending/abar	ndoned)		

As a named inventor, I hereby appoint the following:

Kathleen M. Williams, Reg. No. 34,380 John P. Iwanicki, Reg. No. 34,628

Peter D. McDermott, Reg. No. 29,411 Helen A. Greer, Reg. No. 36, 816

Date 3/9/198

the mailing address and telephone number of each of whom is BANNER & WITCOFF, LTD., 1 Financial Center, 45th Floor, Boston, Massachusetts, 02111, and (617) 345-9100, with full power of substitution and revocation to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

I hereby declare that all statements made herein of my own knowledge is true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of first inventor: Denise L. Faustman

Inventor's signature:

e: Douse 12 60 cum Date 3/9/98

Residence: Citizenship:

Residence:

US

Post Office Address: same

Full name of second inventor: Takuma Hayashi

Inventor's signature:

157.5 5th Street, Cambridge, MA 02141

Citizenship: Japan
Post Office Address: same



#### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant or Patentee:

Faustman, Denise and Hayashi, Takuma

Serial No.:

09/031.629

Filed:

February 27, 1998

Entitled:

98 AUG 10 PH 2: 5 Pathogenesis and Treatment of Autoimmunity-Transcription Defect

Attorney Docket No.:

11275/73537

### **VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS** (37 C.F.R. §§1.9(f) AND 1.27(b)) - NONPROFIT ORGANIZATION

Sir:

I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

NAME OF ORGANIZATION: The General Hospital Corporation

ADDRESS OF ORGANIZATION:

Fruit Street, Boston, Massachusetts 02114

#### TYPE OF ORGANIZATION:

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 	O III V CI DIU	, 01 011	1101 111011141	1011 01	111,51101	Caacacion

Tax Exempt Organization under Internal Revenue Service Code (26 U.S.C. §§501(a) and [X]

Nonprofit Scientific or Educational Institution under laws of a State of the United States NAME OF STATE:

#### CITATION OF STATE LAW:

Organization that would qualify as a Tax Exempt Organization under Internal Revenue Service Code (26 U.S.C. §§501(a) and 501(c)(3)), if located in the United States

Organization that would qualify as a Nonprofit Scientific or Educational Institution under [] the laws of a State of the United States, if located in the United States

NAME OF STATE:

CITATION OF STATE LAW:

I hereby declare that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 C.F.R. §1.9(e) for purposes of paying reduced fees under Sections 41(a) and (b) of Title 35, United States Code, with regard to the invention described in the patent or application identified above.

## TITLE OF INVENTION

# Pathogenesis and Treatment of Autoimmunity-Transcription Defect

•	Faustman, Denise and Hayash	ni, Takuma		
described in				
[X]	the specification filed herewith		Eshmon, 27, 1009	
[ ]	Application Serial No. 09/031	,629, filed	February 21, 1998.	
[ ]	Patent No.	_, issued	•	
I hereby declar organization wi	re that rights under contract or ith regard to the invention descr	law have been convey ibed in the patent or app	red to and remain with said nonproblication identified above.	fit
rights to the inv	vention is listed below* and no could not qualify as a small enti	rights to the invention ty under 37 C.F.R. §1.9	lividual, concern or organization havi are held by any person, other than t (f) or by any concern which would r organization under 37 C.F.R. §1.9(	the not
David Glass NAME OF PE	RSON SIGNING	·		
Associate Dire	for ector of Patents, Office of Tech GANIZATION	nology Affairs		
Fruit Street E	Boston, Massachusetts 02114			
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SIGNATURE				
SIGNATURE 7/8/	198	. · · · · · · · · · · · · · · · · · · ·	·	
DATE			*	